UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA ORLANDO DIVISION

}	CASE NUMBER
}	6:17-bk-07077-KSJ
}	
}	JUDGE Karen S. Jennemann
}	CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FROM 3/01/18 TO 3/31/18

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

	/s/ Frank M. Wolff
	Attorney for Debtor's Signature
Debtor's Address and Phone Number:	Attorney's Address and Phone Number:
2 South Orange Avenue	Frank Martin Wolff, P.A.
Suite 202	19 E. Central Blvd.
Orlando, FL 32801	Orlando, FL 32801
	(407) 982-4448

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/ust/r21/reg_info.htm

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)http://www.usdoj.gov/ust/

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FOR THE PERIOD BEGINNING 3/1	****	D ENDING 3/31/18	
Name of Debtor: <u>Ingersoll Financial, LLC</u> Date of Petition: 11/07/2017	Case Number 6:17-bk-	07077-KSJ	_
	CURRENT MONTH	CUMULATIVE PETITION TO DATE	
1. FUNDS AT BEGINNING OF PERIOD 2. RECEIPTS:	50.00(a)	\$5,910.15	_(b)
A. Cash Sales			
Minus: Cash Refunds	(-)		
Net Cash Sales			_
B. Accounts Receivable	the same of the same and the same and the same of the	05.740	_
C. Other Receipts (See MOR-3)		\$5,749	_
(If you receive rental income,			
you must attach a rent roll.)			
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		5,749	
4. TOTAL FUNDS AVAILABLE FOR			
OPERATIONS (Line 1 + Line 3)	50.00	\$11,659.15	
5. DISBURSEMENTS			
A. Advertising			
B. Bank Charges	5.0	\$149.22	
C. Contract Labor			
D. Fixed Asset Payments (not incl. in "N")			
E. Insurance			_
F. Inventory Payments (See Attach. 2)			
G. Leases			_
H. Manufacturing Supplies			-
I. Office Supplies			
J. Payroll - Net (See Attachment 4B)			
K. Professional Fees (Accounting & Legal)			000000pm
L. Rent			
M. Repairs & Maintenance			
N. Secured Creditor Payments (See Attach. 2	1		
O. Taxes Paid - Payroll (See Attachment 4C)			
P. Taxes Paid - Sales & Use (See Attachment	101	****	
Q. Taxes Paid - Other (See Attachment 4C)	7()		
	4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		_
R. Telephone S. Travel & Entertainment		\$927.82	_
Y. U.S. Trustee Quarterly Fees		\$249.11	
U. Utilities		3249.11	
V. Vehicle Expenses		10,288	
W. Other Operating Expenses (See MOR-3)			
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)		11,614.15 \$45.00	(0)
7. ENDING BALANCE (Line 4 Minus Line 6)	\$45.00(c)	ውተጋ.ሀሀ	(c)
I declare under penalty of perjury that this statemer and correct to the best of my knowledge and belief.	nt and the accompanyi	ng documents and repo	rts are tru
This 25 day of Apr. (, 20 1.5	/(1/	
	Keith R. Ingerso	il, Managing Member	
(a) This number is carried forward from last month's re	port For the first report	only this number will b	e the

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

Description		Current Month	Cumulative Petition to Date	
Owner contributi			\$5,749	
TOTAL OTHER REC	EIPTS		\$5,749	
	ludes Loans from Insid porations, etc.). Please	ers and other sources (i.e. Of describe below:	ficer/Owner, related part	ies
Loan Amount	Source of Funds	<u>Purpose</u>	Repayment S	Schedule
OTHER DISBURSE	MENTS:			
Describe Each Item of 5W.	Other Disbursement and	List Amount of Disbursemen	t. Write totals on Page MC)R-2, Line
<u>Description</u> Owner repaymen Misc	ıt	Current Month	Cumulative Petition to Date 10,270	
TOTAL OTHER DIS	BURSEMENTS		\$10,288	

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: <u>Inge</u>	rsoll Financial, L	LC C	ase Number	<u>6:17-1</u>	<u>bk-07077-KS</u>	<u>J</u>
Reporting Period begin	nning		Period ending	g		_
ACCOUNTS RECEIV	ABLE AT PETI	TION DATE:	**************************************			
(Include <u>all</u> accounts renot been received):		S RECEIVAB tition and post-				les which have
MINUS: Co	ent Month New I ollection During t US: Adjustments Balance	the Month or Writeoffs	\$ \$ \$ \$ \$ and support		(b) * (c)	if applicable:
		Vide explanation	and suppor	- Ing do		п аррпеаоте.
(Sh	POST PETITION when the total for 31-60 Days	each aging cate	egory for all a	ccounts Days	receivable) Total	(c)
For any receivables in <u>Customer</u>	the "Over 90 Da Receivable <u>Date</u>	Status (Colle	ction efforts t	aken, e		ollectibility,
(a) This number is carr the balance as of the (b) This must equal the Disbursements (Pag	e petition date. number reported ge MOR-2, Line	d in the "Curre	_			

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ATTACHMENT 2 MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Deb	tor: <u>Ingersoll Finan</u>	cial, LLC	Case Number	6:17-bk-07077-KS	<u>SJ</u>		
Reporting Pe	riod beginning		Period ending				
amounts owe provided all i	d prior to filing the prior to filing the prior to filing the prior to fill the prio	petition. In the a	lternative, a comp	uter generated list o	<u>petition</u> . <u>Do not</u> include of payables may be attache		
Date Incurred	Days Outstanding	Vendor	Desc	ription	Amount		
meurea	Outstanding	<u>v Chaor</u>	Desc	прион	Mount		
			-				
			-				
TOTAL AM	OUNT						
	e if pre-petition de	hta hawa haan n	aid. Attach on on	mlanation and som			
	-	bis have been pa	aiu. Attacii aii ex	tpianation and cop	nes of supporting		
document	ation.						
	ACCOUNTS PAY	ABLE RECON	CILIATION (Po	st Petition Unsecu	red Debt Only)		
Opening Bala		RIBEE RECOIV	· ·				
	ew Indebtedness Inc	urred This Month					
MINUS: A	Amount Paid on Pos	t Petition,					
	Accounts Payable Th	is Month					
	NUS: Adjustments						
Ending Mont	th Balance		\$	<u>\$</u> (c)			
**		. 1		tation if amplicable			
"For any adji	ustments provide ex	pianation and suf	porting document	танов, и аррисаоте.			
		SECURE	D PAYMENTS I	REPORT			
List the statu	s of Payments to Se				ou have entered into a		
modification	agreement with a se	cured creditor/le	ssor, consult with	your attorney and t	he United States Trustee		
Program prio	or to completing this	section).					
				Number	Total		
		Date		of Post	Amount of		
Secured		Payment	Amount	Petition	Post Petition		
Creditor/		Due This	Paid This	Payments	Payments		
Lessor		<u>Month</u>	<u>Month</u>	Delinquent	Delinquent		
TOTAL				(d)			

⁽a) This number is carried forward from last month's report. For the first report only, this number will be zero.

⁽b, c)The total of line (b) must equal line (c).

⁽d)This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

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ATTACHMENT 3 INVENTORY AND FIXED ASSETS REPORT

Name of Debtor:	Ingersoll Financial,	LLC Case N	umber <u>6:17-bk-07077-l</u>	<u>KSJ</u>
Reporting Period	beginning	Period	d ending	
		INVENTORY	REPORT	
INVENTORY RI Inventor PLUS MINU PLUS	ALANCE AT PETI' ECONCILIATION: TY Balance at Beginn Inventory Purchase S: Inventory Used of MINUS: Adjustment TY on Hand at End of	ning of Month od During Month or Sold nts or Write-downs	\$ \$ \$ \$ \$	(a)
METHOD OF CO	OSTING INVENTO	ORY:		
*For any adjustm	ents or write-downs	provide explanation ar	nd supporting documenta	tion, if applicable.
		INVENTOR	Y AGING	
Less tha				ventory
	_%	_% %		100%*
	f inventory contains Obsolete Inventory:			
		FIXED ASSE	T REPORT	
	FAIR MARKET V ty, Plant and Equipn		DATE:	(b)
BRIEF DESCRI	PTION (First Repor			
Fixed Asset Boo MINUS PLUS:	RECONCILIATIO k Value at Beginnin Depreciation Expenses New Purchases MINUS: Adjustment Balance	g of Month ense	\$ \$ \$ \$ \$	
*For any adjustn	nents or write-downs	s, provide explanation a	and supporting document	ation, if applicable.
		ASSETS PURCHASEI		JRING THE REPORTING
PLUS: PLUS/N Ending Monthly *For any adjustin BRIEF DESCRI PERIOD:	New Purchases MINUS: Adjustment Balance ments or write-downs PTION OF FIXED	s or Write-downs s, provide explanation a	\$ \$ \$ supporting document OOR DISPOSED OF DU	* ation, if applicable. JRING THE REPORTI

⁽b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

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MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of D	Debtor: <u>Ingersoll I</u>	Financial, LLC	Case Number <u>6</u> :	17-bk-07077-KSJ	_
Reporting	Period beginning	3/1/18	Period ending	g 3/31/18	
standard be other than the United	ank reconciliation the three required States Trustee pri	form can be found by the United State	ccounts. Additionally,	v/ust/r21/reg_info necessary, permiss	.htm. If bank accounts sion must be obtained from
NAME OF	FBANK: Regio	ons	BRANCH: _		
ACCOUN	T NAME: <u>DIP</u>	account	ACCOUNT	NUMBER:	6393
PURPOSE	E OF ACCOUNT:	OPERAT	ING		
P M M		of Outstanding De nt of Outstanding Orges	posits Checks and other debits	\$45 \$ \$ \$ \$	*
*Debit ca	rds are used by_				
**If Closi	ng Balance is neg	gative, provide exp	olanation:		
4D: (□ 0	_		ash (do not includes ite re authorized by United Purpose	States Trustee)	Petty Cash on Attachment For Cash Disbursement
Date	Amount	rayee	rurpose	Keason 1	or Cash Disbutsement
"Total Ar			EN DEBTOR IN POSSer debits", listed above.		UNTS
	9		Transferred to Payroll		
	9		Transferred to Tax Ac		

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of	Debtor: Inge	ersoll Financial, LLC	Case Number 6:17-bk-07	7077-KSJ
Reportin	g Period begi	nning <u>3/1/18</u>	Period ending 3/31	/18
NAME (OF BANK: _	Regions	BRANCH:	
ACCOU	NT NAME:	DIP Operating A	Account	MARKA WARE DESIGNATION
ACCOU	NT NUMBE	R:6393		
PURPOS	SE OF ACCO	OUNT: OPER	ATING	
alternativ	ve, a compute		ds, lost checks, stop payments, etc. ster can be attached to this report, p	
DATE	CHECK NUMBER	PAYEE None	PURPOSE	AMOUNT
TOTAL				\$

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of	Debtor: <u>Ingerso</u>	ll Financial, L	LC	Case Number	6:17-bk-07077-KSJ	
Reporting	g Period beginnii	ng		Period ending	g	
					ion to this Summary of Ba loj.gov/ust/r21/reg_info.htm	
NAME C	OF BANK:N	None		BRANCH:		
ACCOU!	NT NAME: E OF ACCOUN	TT: P	AYROLL	ACCOUNT N	UMBER:	
	Ending Balance p Plus Total Amo Minus Total Ar Minus Service (Ending Balance p	ount of Outstar nount of Outs Charges	nding Depositanding Chec		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	**(a)
*Debit c	ards must not b	e issued on th	nis account.			
The follo	_	ents were paid	~		f cash disbursements were	
Date	Amount	Payee	Pur	pose Re	eason for Cash Disburseme	nt
The follo	wing non-payro	ll disbursemer	nts were made	e from this acco	ount:	
Date	Amount	Payee	Purpose		eason for disbursement from	m this

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - PAYROLL ACCOUNT

Name o	of Debtor: Inge	ersoll Financial, LLC	Case Number	6:17-bk-07077-KSJ
Report	ing Period begi	nning	Period ending	5
NAME	OF BANK: _	None	BRANCH:	
ACCO	UNT NAME:			
ACCO	UNT NUMBE	R:		
			OLL	
alterna	tive, a compute		ds, lost payments, stop the ster can be attached to the	payment, etc. In the his report, provided all the
<u>DATE</u>	CHECK NUMBER	PAYEE	<u>PURPOSE</u>	AMOUNT
			44.4.	
				M-1
ТОТА	L	and the second s		\$

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name o	of Debtor: <u>Ingerso</u>	Il Financial, LLC	Case Number	6:17-bk-07077-KSJ	
Report	ing Period beginni	ng	Period ending		
standar	a copy of current and bank reconciliatorwww.usdoj.gov/ust	ion form can be four	nt and bank reconciliating on the United States	ion to this Summary of Trustee website,	f Bank Activity. A
NAME	OF BANK: No	one	BRANCH: _		
ACCO	UNT NAME:		ACCOUNT N	UMBER:	
PURPO	SE OF ACCOUN	NT: TAX			
*Debit	Plus Total Am Minus Total A Minus Service Ending Balance		Deposits g Checks and other del		*
**If C	losing Balance is	negative, provide e	xplanation:		
	Amount	Payee	1	Reason for Ca	
The fo	llowing non-tax di	sbursements were m	nade from this account:		
Date	Amount	Payee	Purpose		sement from this account

⁽a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: <u>Ingersoll Financial</u> , <u>LLC</u>	Case Number <u>6:17-bk-07077-KSJ</u>	
Reporting Period beginning	Period ending	
NAME OF BANK: None	BRANCH:	
ACCOUNT NAME:	ACCOUNT #	
PURPOSE OF ACCOUNT: TAX	Υ	
	voids, lost checks, stop payments, etc. In the egister can be attached to this report, provided a http://www.usdoj.gov/ust/	.ll the
	PURPOSE AMOU	
TOTAL		(d)
Payroll Taxes Paid Sales & Use Taxes Paid Other Taxes Paid TOTAL		(a) (b) (c) (d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 50).
- (b) This number is reported in the "Current Month" column of Schedule or Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiab	le			Current
Instrument None	Face Value	Purchase Price	Date of Purchase	Market Value
TOTAL	<u>P</u>	ETTY CASH REP	ORT	(a)
The following Pet	tty Cash Drawers/A	ccounts are maintai	ned:	
Location of Box/Account None	(Column 2) Maximum Amount of Casin Drawer/Acc		Petty Difference and (Column 2) and	
TOTAL		\$	(b)	
			nsaction, attach copie	
TOTAL INVEST	TMENT ACCOUN	NTS AND PETTY	CASH(a + b) §	
	ed as "Ending Balan		lus the total of 4D mus Receipts and Disburse	

MONTHLY TAX REPORT

Name of Debtor: I	ngersoll Finan	cial, LLC	_ Case Number	6:17-bk-0707	7-KSJ
Reporting Period b	eginning		Period endi	ng	
		TAXES OWED	AND DUE		
Report all unpaid p tax, property tax, un					A, State sales
Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
			 		
TOTAL			\$		

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debto	r: Ingerso	Il Financial, LLC	Ca	ase Number	<u>6;17-bl</u>	c-07077-KSJ	_	
Reporting Perio	d beginnin	ag <u>3/1/18</u>		Period endi	ing3	/31/18		
car allowances, insurance prem and for which d	payments ium payme letailed rec		s, loan repa nelude reim ed in the ac P	nyments, paym nbursement for	ents of busine	Officer/Own	er's perso	nal expenses, Owner incurred Paid
			PERSON	NEL REPOR			- mai	
Number hired of Number termin Number of emp List all policies comprehensive	during the pated or resoloyees on of insuran, vehicle, h	igned during perio payroll at end of p	d beriod FIRMATI ding but no	eport, attach a	DRANC	compensation f the declarati	on sheet f	fire, theft,
		creased policy lim			or uniy p	oney in wine	ii a chang	o cocars daring
Agent and/or Carrier		Phone Number	Policy Number	Cover Type		Expirat Date	ion	Date Premium Due
Tapco underw Tapco underw Tapco underw	riters	727-572-5354 727-572-5354 727-572-5354	NYDMO OBDWO OBPPT	O-1 Prope	erty Ins erty Ins erty Ins	2/9/19		
The following	lanse in ir	isurance coverage	e occurred	this month:				
Policy Type	Date Lapsed	Date Reinstat	ted I	Reason for Lap	ose			

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not exported on this report, such as the sale of real estate (attach closing statement); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, i.e. Attach any relevant documents.				
c. Attach any relevant documents.				
	· · · · · · · · · · · · · · · · · · ·			

		-		



Regions Bank Orlando Main Office 111 North Orange Ave Orlando, FL 32801

INGERSOLL FINANCIAL
DEBTOR IN POSSESSION ACCOUNT
STE 202
2 S ORANGE AVE
ORLANDO FL 32801-2634

ACCOUNT #

6393

Cycle Enclosures Page

LIFEGREEN BUSINESS SIMPLE CHECKING

March 1, 2018 through March 30, 2018

		SUM	MARY	
Beginning Balance Deposits & Credits Withdrawals Fees Automatic Transfers Checks Ending Balance	\$50.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$45.00	+ - - + -	Minimum Balance Average Balance	\$50 \$50

03/30	Monthly Fee			5.00
-		DAILY BALAN	ICE SUMMARY	
				Balance

EFFECTIVE 6-21-18, THE MONTHLY FEE FOR YOUR ACCOUNT WILL BE \$7. FOR WAYS YOU CAN AVOID THE FEE, PLEASE SEE YOUR PRICING SCHEDULE. IF YOU NEED A COPY, PLEASE VISIT YOUR BRANCH OR REGIONS.COM. ALSO, AS OF 4-27-18 THERE IS A CHANGE TO THE ORDER IN WHICH WE POST DEBIT TRANSACTIONS TO YOUR ACCOUNT. PLEASE VISIT REGIONS.COM/POSTINGORDER OR YOUR BRANCH FOR DETAILS.

For all your banking needs, please call 1-800-REGIONS (734-4667) or visit us on the Internet at www.regions.com (TTY/TDD 1-800-374-5791).



Thank You For Banking With Regions! 2017 Regions Bank Member FDIC. All loans subject to credit approval.

Easy Steps to Balance Your Account

Checking Account

1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Enter in Line 4 at Left	\$

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our hand) leadings. of our branch locations

Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers Telephone us toll-free at 1-800-734-4667 or write us at Regions Electronic Funds Transfer Services Post Office Box 413 Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.
(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.
If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

OD - Overdrawn *Break in Number Sequence SC - Service Charge FWT - Federal Withholding Tax CR - Credit RI - Return Item ADJ - Adjustment EB - Electronic Banking APY - Annual Percentage Yield NSF - Nonsufficient Funds